



## **AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:** I authorize and direct any federal, state or local agency, organization, business or individual to release information to representatives of Intend Indiana, which may be necessary for me to qualify to receive federal assistance. I understand and agree that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD, IHCD, CDFI Fund, CDBG and HOME Program or other governmental housing program guidelines. I also consent for the manager to release information from my file to the Indianapolis Housing Partnership (INHP) for pre-screening purposes.

**INFORMATION COVERED:** I understand that previous or current information regarding myself or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and marital status	Employment income, assets, pension or benefits
Property ownership status	Credit activity

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups of individuals that may be asked to release the above information (depending on the program requirements) include but are not limited to:

Additional lien holders	Past and present employers
Welfare or supportive service agencies	Courts and post offices
Social Security Administration	Schools and Colleges
State Employment Bureaus and Services	Child Support/alimony providers
Banks and other financial institutions	Retirement systems
Children Services	Utility companies

**CONDITIONS:** I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file in the Intend Indiana office and will stay in effect for one year and six months from the date signed.

**TO BE SIGNED AND COMPLETED BY ALL HOUSEHOLD MEMBERS 18 AND OVER:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SSN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE





# Homeowner Contact and Information Sheet



## Homeownership Application:

This application must be complete and submitted, along with all required supporting documentation, by a prospective purchaser ("Applicant") who desires to apply for mortgage financing through Intend Indiana, Inc.

Intend Indiana invests federal funds in the redevelopment of properties to create new affordable home ownership opportunities for low- and moderate-income households. Before an offer to purchase can be considered or accepted, Intend must verify and document that the potential buyer:

- 1) Meets the income eligibility guidelines associated with the funding sources invested in a property;
- 2) Understands the regulatory requirements associated with purchase and ownership of a home, in relation to tenure type, affordability, resale, and potential repayment of subsidy received;
- 3) Is capable of obtaining the necessary mortgage financing for the purchase of the home; and,
- 4) Has the funds necessary associated with their purchase.

**IMPORTANT:** Applications will not be approved unless income eligibility can be determined by Intend. Additional documentation may be requested if deemed necessary to verify eligibility.

Applications may be submitted electronically ([myedgefund.org](http://myedgefund.org)) or in hard (paper) copy form to:

**Attn: Kim Wherry, Loan Portfolio Manager**

**Intend Indiana, Inc.**

**1704 Bellefontaine St.**

**Indianapolis, IN 46202**



# Homeowner Contact and Information Sheet

## General Household Information:

Name (First MI Last)	Birthdate	Sex/ Gender (M/F)	Relationship	Hispanic/ Latino (Y/N)	Disabled (Y/N)
<b>Head of Household:</b>					
			Self		
<b>Co-Head of Household:</b>					
<b>Additional Household Members:</b>					

**Home phone:** \_\_\_\_\_ **Work (or Cell) phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current**

**Address:** \_\_\_\_\_

Street number and name

\_\_\_\_\_

City
State
Zip Code

**Marital status:** ☐ Married ☐ Single ☐ Divorced ☐ Separated

**Race:**

- ☐ African-American

☐ Caucasian

☐ American Indian

☐ Pacific Islander

☐ Asian

☐ Other (Specify) \_\_\_\_\_



# Homeowner Contact and Information Sheet

## Household Income Limits

<u>2022</u>	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
80%	\$51,150	\$58,450	\$65,750	\$73,050	\$78,900	\$84,750	\$90,600	\$96,450

## Verification Documents

Please attach the following (if applicable):

- Most recent award letters (Social Security, Supplemental Security Income (SSI))
- 2 consecutive months of most recent paystubs
- Copy of most recently filed tax return (1 year), 2 years if self employed
- 2 recent months documentation for all other forms of income including but not limited to: unemployment benefits, military income, public assistance (not including food stamps), child support payments (past 12 months), alimony, retirement funds, pensions, real estate property income, etc.
- 2 recent consecutive months of Savings account statements
- 6 recent consecutive months of Full Checking account(s) statements
- **EACH** household member 18 and over must fill out and sign the attached *"Income Questionnaire"* and *"Authorization for Release of Information Form"*
- Copy of Identification (current State ID or Driver's License)
- Copy of Social Security Cards (for all household members)

## How Did You Hear About Us?

- |   |  |
|---|--|
| <input type="checkbox"/> Website                  | <input type="checkbox"/> Facebook                      |
| <input type="checkbox"/> Flyer/Brochure           | <input type="checkbox"/> Mailing (Paper or Electronic) |
| <input type="checkbox"/> Neighbor                 | <input type="checkbox"/> Client Referral               |
| <input type="checkbox"/> Neighborhood Meeting     | <input type="checkbox"/> Community Event               |
| <input type="checkbox"/> Office Visit/Renew Staff |  |
| <input type="checkbox"/> Other: _____             |  |

## **Disclosure/Privacy Statement**

Services will be provided without discrimination because of age, race, color, religion, sexual orientation, gender identity, handicap, national origin or ancestry. This agency is requesting information necessary to comply with the requirements of the housing program. I understand that the information on this form will be kept confidential but may be shared with other agencies to which I may be referred for services. I understand that I may be requested to verify these statements and give my consent to this agency to make necessary contacts to verify any statements. I understand that additional information may be required based upon my answers above.

I hereby certify that the above information is correct and true to the best of my knowledge.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date